

## **CHAPTER 33-11-01.2**

### **NORTH DAKOTA GROUND AMBULANCE SERVICES**

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#### **33-11-01.2-01. Definitions.**

Words defined in chapter 23-27 of the North Dakota Century Code shall have the same meaning in this chapter. For purposes of this chapter:

1. "Advanced first-aid ambulance attendant" means a person who meets the requirements of the advanced first-aid ambulance attendant program and is certified by the department.
2. "Advanced life support ambulance service" means an emergency medical services operation licensed under and meeting all requirements of chapter 33-11-03.
3. "Ambulance driver" means an individual who operates an ambulance vehicle.
4. "Ambulance run" means the response of an ambulance vehicle and personnel to an emergency or nonemergency for the purpose of rendering medical care or transportation, or both, to someone sick or incapacitated, including canceled calls, no transports, and standby events where medical care may be rendered.
5. "Cardiopulmonary resuscitation" means the American heart association health care provider standards or its equivalent which includes the skills adult one-person and two-person cardiopulmonary resuscitation, adult obstructed airway, child one-person and two-person cardiopulmonary resuscitation, child obstructed airway, infant cardiopulmonary resuscitation, infant obstructed airway, and automated external defibrillator.
6. "Commission on accreditation of ambulance services" means the commission on accreditation of ambulance services located in Glenview, Illinois.
7. "Department" means the state department of health as defined in chapter 23-01 of the North Dakota Century Code.

8. "Designated trauma center" means a licensed hospital with a trauma designation as defined in section 33-38-01-06.
9. "Dispatch center" means an ambulance's own dispatching service that operates on a continual basis with dedicated personnel and receives ambulance run requests from a public safety answering point and radio dispatches ambulances.
10. "Driver's license" means the license as required under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.
11. "Emergency medical technician" means a person who is licensed as an emergency medical technician by the department.
12. "Equivalent" means training of equal or greater value which accomplishes the same results as determined by the department.
13. "Headquarters ambulance service" means the base of operations for an ambulance service that operates subordinate substation ambulances.
14. "Industrial site ambulance service" means an ambulance service that primarily serves an organization and may or may not offer service to the general public.
15. "Licensed health care facilities" means facilities licensed under chapter 23-16 of the North Dakota Century Code.
16. "Major trauma patient" means any patient that fits the trauma triage algorithm as defined in chapter 33-38-01.
17. "Nonemergency health transportation" means health care transportation not provided by a licensed ambulance service that takes place on a scheduled basis by licensed health care facilities to their own patients or residents whose impaired health condition requires special transportation considerations, supervision, or handling but does not indicate a need for medical treatment during transit or emergency medical treatment upon arrival at the final destination.
18. "Paramedic" means a person who is certified as an emergency medical technician-paramedic by the national registry of emergency medical technicians and licensed by the department.
19. "Paramedic with additional training" means evidence of successful completion of additional training and appropriate periodic skills verification in such topics as management of patients on ventilators, twelve-lead electrocardiograms or other critical care monitoring devices, drug infusion pumps, and cardiac or other critical care medications, or any other specialized procedures or devices determined at the discretion of the paramedic's medical director.
20. "Personnel" means qualified primary care providers, or drivers, or both, within an ambulance service.
21. "Primary care provider" means a qualified individual on the ambulance crew responsible for the care of the patient and supervision of all ambulance personnel while on the ambulance run.
22. "Public safety answering point" means a government-operated call center that receives 911 calls from the public and dispatches public safety resources.
23. "Scheduled basic life support transfer" means transfers provided on a scheduled basis by an advanced life support service to patients who need no advanced life support procedures en route.

24. "Specialty care transport" means interfacility transportation, including transfers from a hospital to an aeromedical intercept site, of a critically injured or ill patient by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician-paramedic.
25. "State health council" means the council as defined in title 23 of the North Dakota Century Code.
26. "State radio" means the North Dakota department of emergency services division of state radio located at Fraine barracks in Bismarck, North Dakota.
27. "Substation ambulance service" means a subordinate operation of a headquarters ambulance service located in a separate municipality.
28. "System status management" means strategically positioning ambulances in geographic locations during various times of the day based on historical data that can aid in predicting operational demands.

**History:** Effective January 1, 2008; amended effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

#### **33-11-01.2-02. License required - Fees.**

1. No ground ambulance services, as defined in chapter 23-27 of the North Dakota Century Code, shall be advertised or offered to the public or any person unless the operator of such service is licensed by the department.
2. The license shall expire midnight on October thirty-first of the even year following issuance. License renewal shall be on a biennial basis.
3. A license is valid only for the service for which it is issued. A license may not be sold, assigned, or transferred.
4. The license shall be displayed in a conspicuous place inside the patient compartment of the ambulance vehicle. An operator operating more than one ambulance unit out of a town, city, or municipality will be issued duplicate licenses for each unit at no additional charge.
5. The biennial license fee, including special licenses, shall be fifty dollars for each headquarters ambulance service location and fifty dollars for each substation location.
6. Entities solely providing nonemergency health transportation services are not required to obtain a license under chapter 23-27 of the North Dakota Century Code as long as they do not advertise or offer services to the general public.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-01

**Law Implemented:** NDCC 23-27-01

#### **33-11-01.2-03. Application for license.**

1. Application for the license shall be made in the manner prescribed by the department.
2. The application must be for a headquarters ambulance service or substation ambulance service at either the basic life support level as defined in chapter 33-11-02.2, or for the advanced life support level as defined in chapter 33-11-02.3.

3. New operators applying for an ambulance service license for an operation that will be based in a city already served by a licensed advanced life support ambulance service must apply for advanced life support ambulance licensure. In addition, new operators must also provide service to the same geographic response area and be able to meet the response time performance standards commensurate with the existing licenseholder.

**History:** Effective January 1, 2008; amended effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

#### **33-11-01.2-04. Issuance and renewal of licenses.**

1. The department or its authorized agent may inspect the service. If minimum standards for either basic life support ground ambulance services or advanced life support ground ambulance services are met, the department shall issue a license.
2. A service may request that the department consider it in compliance with this chapter if it is fully accredited by the commission on accreditation of ambulance services or its equivalent.
3. Services requesting their compliance with this chapter to be verified through an accrediting agency shall submit to the department a copy of the entire accrediting agency survey report. Subsequent accreditation or revisit documentation must be submitted prior to license renewal.

**History:** Effective January 1, 2008; amended effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

#### **33-11-01.2-05. Special licenses and waivers.**

1. An operator of a ground ambulance service intended for industrial site use may be issued a special license by the department.
2. Based on each individual case, the department may waive any provisions of this chapter.
3. The waiver provision shall only be used for a specific period in specific instances provided such a waiver does not adversely affect the health and safety of the person transported, and then only if a nonwaiver would result in unreasonable hardship upon the ambulance service.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-01

**Law Implemented:** NDCC 23-27-01

#### **33-11-01.2-06. Other requirements for substation ambulance operation.**

1. A substation ambulance operation and all of its assets must be fully owned and operated by a headquarters ambulance service. A substation ambulance may not establish a separate business structure independent of the headquarters service.
2. A substation ambulance service may not have its own governing board separate from a governing board of the headquarters ambulance service.
3. All logos, vehicle lettering, personnel uniforms, and signage on any substation building must reflect the name of the headquarters ambulance service. However, a logo, vehicle lettering, personnel uniforms, or signage on a substation building may include the name of the substation.

4. A licensed advanced life support ambulance service meeting the requirements of chapter 33-11-03 may operate a substation ambulance that meets the basic life support ambulance standards outlined in chapter 33-11-02.
5. A substation ambulance service may not be established in a city that has a licensed ambulance service based in that city.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-01

**Law Implemented:** NDCC 23-27-01

#### **33-11-01.2-07. Availability of ground ambulance service.**

1. A headquarters ambulance service shall be available twenty-four hours per day and seven days per week, except as exempted through waiver by the department.
2. A substation ambulance service may be available intermittently. When the substation ambulance is not available it is the responsibility of the headquarters service to respond to calls within that area if no closer ambulance can respond. The headquarters ambulance service must inform its dispatching entity as to the time of availability of its substation ambulance service.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

#### **33-11-01.2-08. Driver's license required.**

All drivers of ambulance service vehicles shall have a current valid driver's license pursuant to requirements under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

#### **33-11-01.2-09. Number of personnel required.**

The minimum personnel required on each ambulance run shall be one driver and one primary care provider. Basic life support ambulance services must maintain a file that identifies at least two qualified ambulance service personnel on a written call schedule. Advanced life support ambulances must maintain a file that identifies at least two qualified ambulance service personnel on a written call schedule for each staffed ambulance as required in section 33-11-03-05.

**History:** Effective January 1, 2008; amended effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

#### **33-11-01.2-10. Other requirements.**

1. Personnel must be able to identify and locate all equipment items required to be carried in an ambulance.
2. All licensed ambulance services shall keep the ambulance vehicle and other equipment clean and in proper working order.
3. All linens, airways, oxygen masks, nasal cannulas, and other equipment coming in direct contact with the patient must be either a single-use disposable type or cleaned, laundered, or disinfected after each use.

4. When a vehicle has been utilized to transport a patient known to have a communicable disease other than a common cold, the vehicle and all exposed equipment shall be disinfected before the transport of another patient.
5. Each ambulance run must be reported to the department in the manner and in the form determined by the department.
6. All ambulance services must give the receiving licensed health care facility a copy of the run report.
7. All equipment must be stowed in cabinets or securely fastened when not in use.
8. All ambulance services must submit a trauma transport plan to the department upon request.
9. All licensed ambulance services must keep either an electronic or paper copy of each run report on file for a minimum of seven years.
10. All licensed ambulance services must have current written protocols developed and signed by their medical director. The current version of the protocols must be kept on file with ambulance service management. The ambulance service manager must keep inactive protocols for a period of seven years after deactivating the protocol.
11. All ambulance services must report any collision involving an ambulance that results in property damage of one thousand dollars or greater, or personal injury. The report must be made within thirty days of the event and on a form provided by the department.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

#### **33-11-01.2-11. Out-of-state operators.**

1. Operators licensed in another state may pick up patients within this state for transportation to locations within this state under the following circumstances:
  - a. When there is a natural disaster, such as a tornado, earthquake, or other disaster, which may require all available ambulances to transport the injured; or
  - b. When an out-of-state ambulance is traveling through the state for whatever purpose comes upon an accident where immediate emergency ambulance services are necessary.
2. Out-of-state ambulance services who expect to pick up patients from within this state and transport to locations within this state must meet the North Dakota state standards and become licensed under chapter 23-27 of the North Dakota Century Code and this chapter.
3. Out-of-state fire units responding to North Dakota for the purposes of forest fire or grassland fire suppression may bring their own emergency medical personnel to provide emergency medical treatment to their own staff. The emergency medical personnel must be certified by the national registry of emergency medical technicians and have physician oversight.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-01

**Law Implemented:** NDCC 23-27-01

### **33-11-01.2-12. Specialty care transport.**

1. Specialty care transport is necessary when a patient's condition requires ongoing care that must be provided by one or more health care professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or paramedic with additional training.
2. Qualifying interventions for specialty care transports are patients with:
  - a. One of the following:
    - (1) Intravenous infusions;
    - (2) Vasopressors;
    - (3) Vasoactive compounds;
    - (4) Antiarrhythmics;
    - (5) Fibrinolytics;
    - (6) Paralytics; or
    - (7) Any other pharmaceutical unique to the patient's special health care needs; and
  - b. One or more of the following special monitors or procedures:
    - (1) Mechanical ventilation;
    - (2) Multiple monitors;
    - (3) Infusion pumps;
    - (4) Cardiac balloon pump;
    - (5) External cardiac support such as a ventricular assist device;
    - (6) Rapid sequence intubation;
    - (7) Surgical airways; or
    - (8) Any other specialized devices or procedures unique to the patient's health care needs.
3. Minimum required staffing shall be one emergency medical technician or its equivalent and at least one of the following critical care providers: physician, physician assistant, nurse practitioner, registered nurse with special knowledge of the patient's needs, paramedic with additional training, respiratory therapist, or any licensed health care professional designated by the transferring physician.

**History:** Effective January 1, 2008; amended effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-13. Ground ambulance service vehicle requirements.**

1. All ground ambulances must have a vehicle manufactured to be an ambulance.

2. All ground ambulance service vehicles must be equipped with a siren and flashing lights as described for class A emergency vehicles in subsection 2 of section 39-10-03 of the North Dakota Century Code.

**History:** Effective January 1, 2008.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-14. Transporting of patients.**

Ambulance services must transport patients to the nearest appropriate licensed health care facility according to their hospital transport plan except for:

1. Interfacility transports shall be made in accordance with the referring or accepting physician's orders.
2. In the following specific instances transport must be made to a licensed health care facility with specific capabilities or designations. This may result in bypassing a closer licensed health care facility for another located farther away. An ambulance service may deviate from these rules contained in this section on a case-by-case basis if online medical control is consulted and concurs.
  - a. Major trauma patients must be transported to a designated trauma center as per article 33-38.
  - b. A patient suffering acute chest pain that is believed to be cardiac in nature or an acute myocardial infarction determined by a twelve-lead electrocardiograph must be transported to a licensed health care facility capable of performing primary percutaneous catheter insertion or fibrinolytic therapy.
  - c. In cities with multiple hospitals an ambulance service may bypass one hospital to go to another hospital with equal or greater services if the additional transport time does not exceed ten minutes.

**History:** Effective January 1, 2008; amended effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-15. Required advanced life support care.**

When it would not delay transport time, basic life support ambulance services must call for a rendezvous with an advanced life support ground ambulance, or an advanced life support or critical care air ambulance if the basic life support ambulance is unable to provide the advanced life support interventions needed to fully treat a patient exhibiting:

1. Traumatic injuries that meet the trauma code activation criteria as defined in section 33-38-01-03.
2. Cardiac chest pain or acute myocardial infarction.
3. Cardiac arrest.
4. Severe respiratory distress or respiratory arrest.

**History:** Effective January 1, 2008; amended effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04



### **33-11-01.2-16. Communications.**

To ensure responder safety and a seamless integration with the broader public safety response system, ground ambulance services must have the following elements to their communications system:

1. They must have a radio call sign issued by state radio.
2. They must be dispatched directly from a public safety answering point by radio or pager.
3. They must have a radio capable of transmitting and receiving voice communications with the local public safety answering point, law enforcement responders, fire responders, and other public safety agencies on radio frequencies determined by state radio.
4. During the response and transport phases of an emergency ambulance run, an ambulance must notify its dispatch center or public safety answering point when it:
  - a. Is en route to the scene.
  - b. Has arrived at the scene.
  - c. Has left the scene.
  - d. Has arrived at the transport destination.
  - e. Is available for the next ambulance run.
5. An ambulance may respond to the scene of an emergency with a fragmented crew if:
  - a. Any crewmember that is responding to the scene separately from the ambulance has a hand-held radio capable of transmitting and receiving radio traffic on frequencies designated for ambulances by state radio.
  - b. The crewmembers communicate with each other by radio to ensure that a full crew will ultimately arrive at the scene of an emergency and be able to treat and transport patients.
6. During the transport phase of an emergency ambulance run, the ambulance must give a report on the patient's condition to the receiving hospital as soon as it is practical. Early notification to the receiving hospital will allow the hospital more time to prepare for the patient's arrival.

**History:** Effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-17. Response times.**

1. Ground ambulances must meet the following response time standards ninety percent of the time:
  - a. The time of dispatch to the time that the ambulance is en route must not exceed ten minutes.
  - b. Within the city limits of Bismarck, Fargo, Grand Forks, Mandan, Minot, and West Fargo the time from dispatch to the arrival on scene must not exceed nine minutes.
  - c. In rural areas as defined by the United States census and frontier area ambulance services that respond to interstate 94, interstate 29, United States highway 2, or United

States highway 83 between Bismarck and Minot, the time from dispatch to the arrival on scene must not exceed twenty minutes.

- d. In frontier areas as defined by the United States census, the time from dispatch to the arrival on scene must not exceed thirty minutes.
2. Failure to meet response time standards when calculated in the two-year licensure period will require the ambulance service to develop a comprehensive plan of correction approved by the department which would include:
- a. An analysis of the barriers to achieving the response time standard.
  - b. A plan to remove or minimize all barriers that have been identified.
  - c. Placing a notice in the official county newspaper notifying the public of the ambulance service's response time deficiency in the format determined by the department.

**History:** Effective July 1, 2010; amended effective October 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-18. Strike team designation.**

No ambulance service licensed under this chapter may hold itself out as an ambulance strike team unless it is so designated by the department.

**History:** Effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-19. Mutual aid agreements.**

Each licensed ambulance service must have at least one mutual aid agreement with a neighboring licensed ambulance service that can assist when its operational capacity is exceeded. A copy of each mutual aid agreement shall be maintained in the files of each licensee.

**History:** Effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-20. Disaster plan.**

Each licensed ambulance service must complete the disaster plan template as published by the department with appropriate local information. A copy of the completed disaster plan must be placed in each ambulance and one copy must be sent to the department. The disaster plan may include specialized equipment or supplies as required in the state emergency medical services disaster plan as published by the department.

**History:** Effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04

### **33-11-01.2-21. Sanctions.**

Failure to meet standards outlined in article 33-11 may result in sanctions based on the severity of the noncompliance with standards. Based on each individual case, the department may impose the following sanctions on licensed ambulance services:

1. Require the ambulance service to submit a detailed plan of correction that identifies the deficiencies and outlines the steps needed to become fully compliant with standards.
2. Require the ambulance service to place a public notice in the official county newspaper in each county in which the ambulance service operates outlining the operational deficiencies of the ambulance service. The notice must be approved by the department prior to its publication.
3. Require the ambulance service to host a public meeting with stakeholders of the local emergency medical services system to discuss the operational deficiencies and develop a plan of correction and submit that plan to the department. Stakeholders must be notified at least thirty days prior to the meeting. The following groups must be invited to attend:
  - a. The general public. An invitation to the meeting must be made in the official county newspaper in each county to which the ambulance service provides service.
  - b. City and county government officials. An invitation letter must be mailed to each city and county government leaders within the ambulance service's normal service area.
  - c. All neighboring emergency medical service agencies. An invitation letter must be mailed to each quick response unit within the ambulance service's area and to each bordering ambulance service.
  - d. Hospital officials. An invitation letter must be sent to the hospitals to which the ambulance service routinely transports patients.
  - e. Medical director. An invitation letter must be sent to the ambulance service's medical director.
  - f. Regional trauma committee. An invitation letter must be sent to the regional trauma committee as defined in article 33-38.
  - g. The department. An invitation letter must be sent to the North Dakota department of health division of emergency medical services and trauma.

**History:** Effective July 1, 2010.

**General Authority:** NDCC 23-27-04

**Law Implemented:** NDCC 23-27-04